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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	38-21(15347)
First Named Inventor	Martinell, Brian J.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Soybean transformation method

the specification of which
 is attached hereto *(Title of the Invention)*
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or Inventor's certificate, or 356(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/115,833	01/14/1999	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name	Registration Number	Name	Registration Number			
Thomas P McBride	32,706	Dennis R. Hoerner, Jr.	30914			
Lawrence M. Lavin, Jr	30768	Timothy K. Ball	42287			
Alan E. Dow	35123					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.						
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below				
Name	Thomas P McBride					
Address	Patent Department Central					
Address	Monsanto/GD Searle PO Box 5110					
City	Chicago	State	IL			
Country	Telephone	(636) 737-7685	Zip	60680-5110		
	Fax	(636) 737-6047				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Brian J.		Martinell				
Inventor's Signature	<i>Brian J. Martinell</i>			Date	1-7-00	
Residence: City	Mt. Horeb	State	WI	Country	Citizenship	USA
Post Office Address	4025 St. Road 78					
Post Office Address						
City	Mt. Horeb	State	WI	ZIP	53572	Country
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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PTO/SB/02A (3-97)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Lori S.		Julson					
Inventor's Signature	<i>Lori Julson</i>					Date	1/7/00
Residence: City	Lake Mills	State	WI	Country		Citizenship	USA
Post Office Address	130 E. Grant St.						
Post Office Address							
City	Lake Mills	State	WI	ZIP	53551	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Carol A.		Emler					
Inventor's Signature	<i>Carol A. Emler</i>					Date	1/7/00
Residence: City	Mt. Horeb	State	WI	Country		Citizenship	USA
Post Office Address	1877 Lewis Road						
Post Office Address							
City	Mt. Horeb	State	WI	ZIP	53572	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Yong		Huang					
Inventor's Signature	<i>C</i>					Date	1/7/00
Residence: City	Madison	State	WI	Country		Citizenship	USA
Post Office Address	PO Box 44212						
Post Office Address							
City	Madison	State	WI	ZIP	53744	Country	

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DECLARATION ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dennis E.		McCabe				
Inventor's Signature	<i>Dennis E. McCabe</i>					1/7/00 Date
Residence: City	Middleton	State	WI	Country		Citizenship USA
Post Office Address	8520 University Green					
Post Office Address						
City	Middleton	State	WI	ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Edward J.		Williams				
Inventor's Signature	<i>Edward J. Williams</i>					1/7/00 Date
Residence: City	Madison	State	WI	Country		Citizenship USA
Post Office Address	404 Whispering Pines Way					
Post Office Address						
City	Madison	State	WI	ZIP	53713	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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